

ITS Institute

Student Registration Form

ITS Use Only

Entered by: _____

Date: _____

Name Mr./Ms.:		Social Security Number:	
Agency & Division Name:		Office Phone:	Fax Number:
Office Address: (Specify Handmail, if applicable)		Cell Phone:	
City:	State:	Zip:	Email Address:

Course No./Name	Section 1 st Choice	Section 2 nd Choice	Dates/Times	Course Cost	Materials Needed *
					All None
					All None
					All None
					All None

* Circle All or None. See the current schedule for materials needed for each course.

☐ Bill State Agency

**PLEASE DO NOT PREPAY.
AGENCIES WILL BE BILLED
FOR COURSE COSTS.**

Agency/Employer Code: _____

Provider Number: _____

Agency must provide a 3-digit agency code and an 11-digit provider number for billing purposes. This information may be obtained from the SAAS (Statewide Automated accounting System) or the Education Assistant at (601) 432-8186.

☐ Bill Student ☐ Bill Non-State Agency

All non-state employees and any registrant whose agency is not paying for the course will be billed and must pay tuition and materials BEFORE the class begins.

Billing will be sent to the address given in the Student Information section, unless otherwise specified.

Supervisor Name:			Office Phone:
Supervisor Address: (Specify Handmail, if applicable)			
City:	State:	Zip:	Email Address:

Please Read Carefully Before Signing:

All registration forms MUST be signed by the individual responsible for payment. If the student cancels a vendor-conducted course within thirty (30) days of the first class meeting or an ITS-conducted course within ten (10) days of the first class meeting, the agency/student will be charged the full tuition.

Authorized
Signature: _____

Date: _____

Return form to: ITS Institute, 3771 Eastwood Dr., Jackson, Ms 39211 • Phone: (601) 432-8186 • Fax: (601) 713-6380
For more information on the ITS Institute, visit the website: <http://www.its.ms.gov>